



WOMEN'S ASSOCIATION MORRISTOWN MEDICAL CENTER

ODE TO COLOR 2024 SPRING FUNDRAISER

Sponsorship Agreement

To benefit the Fourth Stage of Pregnancy:
Morristown Medical Center's New Program to Improve Postpartum Health

Name of Company/Individual _____
(as you wish it to appear)

Address _____

Contact Person _____ Phone _____

Email Address _____

Authorizing Signature _____

Please select the desired level of sponsorship from the opportunities listed below.

Alchemy (Gold) Donation: **\$10,000.00** (Tax deductible portion is \$8,800)

- Recognition on WAMMC website
- Recognition on ODE TO COLOR promotional materials
- Reserved table for 8 at the ODE TO COLOR luncheon event

Silverlight (Silver) Donation: **\$5,000.00** (Tax deductible portion is \$4,400)

- Recognition on WAMMC website
- Recognition on ODE TO COLOR promotional materials
- 4 tickets to the ODE TO COLOR luncheon event

Earthly (Bronze) Donation: **\$2,500.00** (Tax deductible portion is \$2,200)

- Recognition on WAMMC website
- Recognition on ODE TO COLOR promotional materials
- 2 tickets to the ODE TO COLOR luncheon event

At Ease (Crystal) Donation: **\$1,000.00** (Tax deductible portion is \$1,000)

- Recognition on WAMMC website
- Recognition on ODE TO COLOR promotional materials

Check here if you wish to receive **NO** goods or services, making your entire contribution tax-deductible

Check here if you wish your donation to be Anonymous

PLEASE RESPOND BY **APRIL 23, 2024**. Make your check payable to WAMMC and enclose with this agreement.

Questions: 973-971-5480 or thackeryjennifer@gmail.com

Mail Agreement to: WAMMC – Morristown Medical Center
Attention: Kristen Gilfillan
P.O. Box 1956, 100 Madison Ave
Morristown, NJ 07962-1956